## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO	
10/501/831	
10/584831.	
1992	<del></del>
APPLICANT(S)	

FILING DATE

<b>CLAIMS</b>	${f CL}_{m L}$	AΙ	M	S
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TOTAL CLAIMS	41		S. A. Carrier			

PTO - 1360 (REV. 11/04)

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CLAIMS							
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